



WELL REWORK REPORT

Form No. R9 (Formerly Form No. R8-4-1991)
Revised on 6/28/99

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
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Indianapolis, IN 46204
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This form should be used to report the re-work or re-construction of an existing well

PART I

GENERAL INFORMATION

Name of operator	Telephone number () -	Permit number
Address of operator (<input type="checkbox"/> Check here if this is a new address)		
City	State	Zip code

PART II

LOCATION INFORMATION

Name of lease						Well number	Elevation (G.L.)
Section	Township	Range	¼	¼	¼	Footage's:	ft. from <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE line ft. from <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW line
County							

PART III

WELL CONSTRUCTION AFTER REWORK

Casing Specifications			Cement		Hole	
Casing size O.D. (Inches)	Wt./ ft. (lbs.) - Grade	Setting depth	Amt. In Sacks or cubic feet	Class- yield per sack	Depth	Diameter (Inches)
Surface	lbs. -	ft.		-	ft.	
Intermed.	lbs. -	ft.		-	ft.	
Long str.	lbs. -	ft.		-	ft.	
Tubing	lbs. -	ft.				

Packer setting depth ____ ft. Packer setting depth ____ ft. Packer setting depth ____ ft.	Centralizers at ____ ft. ____ ft. ____ ft. ____ ft. Casing perforated From ____ ft. to ____ ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.	NOTE: For Class II Enhanced recovery and Saltwater disposal wells the well construction information must match the specifications of the written permit. If the information is different you must submit form no. A7 to request a modification of the existing permit conditions.
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PART IV

COMPLETION INFORMATION

Geophysical Logs Submit 3 copies of each)	Completion Intervals	Formation Names/ types
	From ft. to ft	Other
	From ft. to ft	Other
	From ft. to ft	Other

Date of Well Re-work or Re-construction

PART V

AFFIRMATION

I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief.

Signature of operator or authorized agent	Date signed
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